STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155677	A. BUILDING 01 B. WING	09/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELL TRACE HEALTH AND LIVING CENTER	725 BELL TRACE CIR BLOOMINGTON, IN 47408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 09/18/12 Facility Number: 002574 Provider Number: 155677 AIM Number: NA Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Bell Trace Health and Living Center was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the (NFPA) National Fire Protection Association 101, (LSC) Life Safety Code and 410 IAC 16.2. The original building consisting of everything except the Rehabilitation unit was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 80 and had a census of 71 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and with smoke detector coverage. All areas where the residents have customary access were sprinklered. The facility has one detached barn for facility storage which was not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/24/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff. Findings include: Based on observation on 09/18/12 at 1:10	K0051	**K 051 NFPA 101 LIFE SAFETY CODE STANDARD It is the policy of Bell Trace Health & Living Center to maintain the rolling fire doors in accordance with NFPA Code. 1. The fire alarm circuit disconnecting means has been identified with a red label stating "Fire Alarm Panel Shut-off". II. The maintenance director provided an inspection of the circuit panel and no other fire system disconnecting means were found to be out of compliance. III. The Maintenance Department staff will inspect the facility circuit panel quarterly to ensure that fire**	10/18/2012

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	p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker was located in a utility room in the kitchen next to the kitchen exit, but it was not identified. Based on interview on 09/18/12 at 1:15 p.m. with the Maintenance Supervisor, it was acknowledged the breaker for the fire alarm system circuit was not identified. 3.1-19(b)		**alarm system disconnecting means are appropriately labeled. Maintenance Department staff will review requirement and verify understanding. IV. Maintenance Department staff will report any non-compliance to the HFA who will bring the finding to the facility's Quality Improvement Committee. V. COMPLETION DATE: 10/18/2012**	

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K0130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, interview and record review; the facility failed to ensure the care and maintenance of 1 of 1 rolling fire doors was in accordance with NFPA 80. LSC 4.5.7 requires any device, equipment or system which is required for compliance with the provisions of this Code, such device, equipment or system shall thereafter be maintained unless the Code exempts such maintenance. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice could affect 5 residents present in the lounge room adjacent to the kitchen including staff or visitors. Findings include: Based on observation on 09/18/12 at 12:45 p.m. with the Maintenance Supervisor, there was a rolling fire door	K0130	**K 130 NFPA 101 MISCELLANEOUS** **It is the policy of Bell Trace Health & Living Center to maintain the rolling fire doors in accordance with NFPA Code.** **I. The contractor managing the fire safety systems has inspected the rolling fire door for appropriate operation and it is functioning properly.** **II. There are no other rolling fire doors located within the facility.** **III. The fire system contractor will continue to evaluate function of rolling fire door annually. Documentation of the annual inspections will be maintained in the Maintenance Department and will be available upon request. Maintenance Department staff will review requirement and verify understanding.** **IV. The annual inspection of rolling fire doors will be added to our facility Preventative Maintenance calendar in the TELs maintenance software. HFA will monitor TELS tasks to ensure that the rolling fire door**	10/18/2012

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	protecting the opening from the kitchen to the lounge room without an attached inspection tag. The lounge room was not open to the corridor. Based on interview on 09/18/12 at 12:47 p.m. and subsequent Fire Safety record review at 3:08 p.m. with the Maintenance Supervisor, it was acknowledged there was no additional documentation of an annual inspection or test to check for proper operation and full closure of the vertical rolling metal fire door. 3.1-19(b)		**inspection is completed annually.** **V. COMPLETION DATE: 10/18/2012**	

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	corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 80 and had a census of 71 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and with smoke detector coverage. All areas where the residents have customary access were sprinklered. The facility has one detached barn for facility storage which was not sprinklered. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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	Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff. Findings include: Based on observation on 09/18/12 at 1:10 p.m., with the Maintenance Supervisor the fire alarm system circuit breaker was	K0051	**K 051 NFPA 101 LIFE SAFETY CODE STANDARD It is the policy of Bell Trace Health & Living Center to maintain the rolling fire doors in accordance with NFPA Code. 1. The fire alarm circuit disconnecting means has been identified with a red label stating "Fire Alarm Panel Shut-off". II. The maintenance director provided an inspection of the circuit panel and no other fire system disconnecting means were found to be out of compliance. III. The Maintenance Department staff will inspect the facility circuit panel quarterly to ensure that fire alarm system disconnecting means are appropriately**	10/18/2012

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	located in a utility room in the kitchen next to the kitchen exit, but it was not identified. Based on interview on 09/18/12 at 1:15 p.m. with the Maintenance Supervisor, it was acknowledged the breaker for the fire alarm system circuit was not identified. 3.1-19(b)		**labeled. Maintenance Department staff will review requirement and verify understanding. IV. Maintenance Department staff will report any non-compliance to the HFA who will bring the finding to the facility's Quality Improvement Committee. V. COMPLETION DATE: 10/18/2012**	